Estrict — PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

Dötrict III

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on cach Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco

1000 Rio Braz	os Rd., Azio	c. NM 87410				NM 87				_			J Cop	
District IV 2040 South Page	cbeco, Santa	Fe, NM 875	05		·						_ AM	ENDED	REPO	
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CROSS TIMBERS OPERATING COMPANY												7067		
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Vaughn O. Vennerberg, II Sr. Vice President-Land						Supervisor District #3 Approval Date:								
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New Maxico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3. Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box.
- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion
- The well number for this completion
- 10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
- 13. The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- 21. Product code from the following table: O Oil G Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- 23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
- 24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- 34. Number of sacks of cement used per casing string

if the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- 40. Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
- 48. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

2040 South Pacheco

Santa Fe, NM 87505

Form C-104 Revised October 18, 1994

■ AMENDED REPORT

5 Copies

Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION

District II

811 South First, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aziec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

CROSS TIMBERS OPERATING COMPANY

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address ² OGRID Number 167067 6001 Highway 64 Reason for Filing Cude Farmington, NM 87401 1/1/48 Change of Operator $\frac{-12/1/97}{}$ ⁴ API Number Pool Name * Pool Code 82329 Otero Chacra

30-045 26110 * Well Number ¹ Property Code 1 Property Name 1 Baca Gas Com A

10 Surface Location

Ul or lot no. Section Lot.ldn Feet from the North/South Line | Feet from the East/West lipe County 1670 1175 E 29**N** 10W 26 SJ

11 Bottom Hole Location

UL or lot po. Section Township Lot Idn Feet from the North/South line Feet from the East/West line 13 Producing Method Code " Gas Connection Date 15 C-129 Permit Number 10 C-129 Effective Date 17 C-129 Expiration Date

III. Oil and Gas Transporters

Transporter OGRID	¹⁶ Transporter Name and Address	²⁷ POD	²¹ O/G	²² POD ULSTR Location and Description
			and the second	
				<u>DECEIVEI</u>
				N DEC 1 9 1997

Produced Water POD ²⁴ POD ULSTR Location and Description

OIL COM. DI DIST. 3

Well Completion Data

²⁵ Spud Date	™ Ready Date	" TD	" РВТО	** Perforations	" DHC, DC,M	
³⁴ Hole Size	3	Casing & Tubing Size	33 Depth Set		[™] Sacks Cement	
						
					·	

Well Test Data

Date:

" Date New Oil	→ Gas Delivery Date	" Test Date	" Test Length	³⁴ Tbg. Pressure	" Csg. Pressure		
41 Choke Size	. GOI	[©] Water	⁴⁴ Gas	4 AOF	** Test Method		
of I hereby certify that the re with and that the information knowledge and belief. Signature:	ules of the Oil Conservation Divi	te to the best of my	OIL CONSERVATION DIVISION Approved by: Frank T. Chavez				
Printed name: Vaughr	O. Vennerberg,	II	Tille: Superv	isor District #	3		
Title: Sr. Vi	ce President-Lan	d	Approval Date:				

Phone: (505) 632-5200 12/1/97

If this is a change of or fill in the OGRID number and name of the previous operator

Gail Jefferson

Sr. Adm, Staff Asst.

12/1/97

Printed Name

Date

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 If other method please write it in.
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- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.